

To: The Honorable Mayor and City Council

From: Derrick Corker, Manager of Parks & Recreation

Date: November 25, 2014

RE: Megerle Shows LLC– Winter Wonderland Amusement Venue

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### **RECOMMENDATION**

Staff is recommending the approval of the Megerle Shows LLC– Winter Wonderland Amusement Venue request for use of the North Miami Cagni Park North Field for the event proposed from December 5<sup>th</sup>-7<sup>th</sup>, 12<sup>th</sup>-14<sup>th</sup> and 19<sup>th</sup> to January 4<sup>th</sup>, 2015.

### **BACKGROUND**

The City has received a formal request for use of North Miami Cagni Park North Field to provide an amusement venue for the enjoyment of the general public, including modern amusement rides, kiddie-rides, family games and entertainment, state-of-the-art food concessions, ticket booths, festive lighting, holiday decorations and a cheerful atmosphere for the "Winter Wonderland".

The provider desires to use a portion of Cagni Park, generally situated at 791 NE 135<sup>th</sup> Street, to host the Services commencing December 5 through 14, 2014 (between the hours of 5:00 pm and 11:00 pm); and from December 19, 2014 through January 4, 2015 (between the hours of 5:00 pm and 11:00 pm on weekends).

### **Attachments**

Resolution  
Megerle Shows Letter of Intent  
Certificate of Liability Insurance

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, AUTHORIZING THE CITY MANAGER AND CITY ATTORNEY TO NEGOTIATE AND EXECUTE A MEMORANDUM OF UNDERSTANDING, BETWEEN THE CITY OF NORTH MIAMI AND MEGERLE SHOWS LLC, TO PROVIDE A 'WINTER WONDERLAND' AMUSEMENT VENUE FOR THE ENJOYMENT OF THE GENERAL PUBLIC, INCLUDING MODERN AMUSEMENT RIDES, KIDDIE-RIDES, FAMILY GAMES AND ENTERTAINMENT, FOOD CONCESSIONS, TICKET BOOTHS, FESTIVE LIGHTING AND HOLIDAY DECORATIONS AT CAGNI PARK; PROVIDING FOR AN EFFECTIVE DATE AND FOR ALL OTHER PURPOSES.

WHEREAS, Megerle Shows LLC ("Provider"), is eager to provide an amusement venue for the enjoyment of the general public, including modern amusement rides, kiddie-rides, family games and entertainment, state-of-the-art food concessions, ticket booths, festive lighting, holiday decorations, and a cheerful atmosphere for the "Winter Land" festivities ("Services"); and

WHEREAS, the Provider desires to use a portion of Cagni Park, generally situated at 791 NE 135<sup>th</sup> Street, to host the Services commencing December 5 through 14, 2014 (between the hours of 5:00 pm and 11:00 pm) and from December 19, 2014 through January 4, 2015 (between the hours of 5:00 pm and 11:00 pm on weekends, with weekday hours to be determined in writing by the Parties); and

WHEREAS, the City administration respectfully requests that the Mayor and City Council authorize the City Manager and City Attorney to negotiate a Memorandum of Agreement to allow the festivities to be held on a portion of Cagni Park, for the use, enjoyment and amusement of City residents and visitors alike.

NOW THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:

**Section 1. Authority of City Manager and City Attorney.** The Mayor and City Council of the City of North Miami, Florida, hereby authorize the City Manager and City Attorney to negotiate and execute a Memorandum of Understanding, between the City of North

Miami and Megerle Shows LLC, to provide a 'Winter Wonderland' amusement venue for the enjoyment of the general public, including modern amusement rides, kiddie-rides, family games and entertainment, food concessions, ticket booths, festive lighting and holiday decorations at Cagni Park.

**Section 2.** **Effective Date.** This Resolution shall become effective immediately upon adoption.

**PASSED AND ADOPTED** by a \_\_\_\_\_ vote of the Mayor and City Council of the City of North Miami, Florida, this \_\_\_\_ day of November, 2014.

\_\_\_\_\_  
DR. SMITH JOSEPH  
MAYOR

ATTEST:

\_\_\_\_\_  
MICHAEL A. ETIENNE, ESQ.  
CITY CLERK

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

\_\_\_\_\_  
REGINE M. MONESTIME  
CITY ATTORNEY

SPONSORED BY: CITY ADMINISTRATION

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

**Vote:**

Mayor Dr. Smith Joseph  
Vice Mayor Philippe Bien-Aime  
Councilperson Scott Galvin  
Councilperson Carol Keys, Esq.  
Councilperson Marie Erlande Steril

_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)





PO BOX 310, Gibsonton, FL 33534  
Robert Megerle (813) 760-7507 ~ Bo Barker (305) 619-9966  
megerleshows@aol.com

November 6, 2014

Attn: City of North Miami

Re: Megerle Shows Letter of Intent

Megerle Shows will provide 20 modern amusement rides for the enjoyment of ALL ages! Our array of rides includes our Giant Double Ferris Wheel, our Spectacular Crowd-Pleasing, 90' tall Drop Zone, one of the country's largest portable Roller Coasters, Flying Bobs, Hang Ten, Hurricane, Super Ring of Fire, Rock N Roll, Oribitor, Modern Bumper Cars, Orient Express Family Coaster, Super Fun Slide, Ocean Trip, and a Family Himalaya. We have a marvelous selection of kiddie rides including a Circus Train, Kiddie Scrambler, Hampton Umbrella Kiddie Combo ride, Flying Dinosaurs, Playstation Fun House, a Bungy Jump, and our beautiful, Grand Carousel, complete with Chariots, circa 1930's, for a taste of nostalgia!

Megerle Shows will also provide a variety of family games and entertainment, state-of-the-art food concessions, modern ticket booths, but most of all, a complete family-friendly, memory-making, FUN experience! With lots of Lights, Holiday Decorations, and Cheerful Atmosphere, it is our intention to transform 791 NE 135<sup>th</sup> into a literal, "Winter Wonderland!"

Megerle Shows is a family owned and operated business, and we will be on the event venue grounds at all times, during the event. Our staff is courteous, well groomed, in company provided uniform, and safety conscious. We will provide the security required by North Miami during the event. All rides are safety inspected by the State of Florida, prior to opening and operation, as well as inspected daily by our trained staff. We will provide Free Admission, and Free Parking courtesy of North Miami. The venue will be cleaned of all trash and debris nightly. We will provide Dumpsters, Portable Toilet Facilities, complete with Handicap Facilities and Hand Sanitization Stations.

Megerle Shows will give 20% of Total Amusement Ride Gross to city of North Miami. We carry a \$10,000,000 insurance policy, of which you have been provided a copy of. We have also named the city of North Miami as additionally Insured.

The event dates and times would be as follows:

- December 5-6-7, 2014 (5pm-11pm)
- December 12-13-14, 2014 (5pm-11pm)
- December 19, 2014 – January 4, 2015 (Times to be determined on weekdays, 5pm-11pm weekends)

We can also do more promotions with the city. Our hopes are to provide a festive, well deserved, "Winter Wonderland" Holiday Amusement Park for your community, and provide the BEST HOLIDAY SEASON EXPERIENCE EVER, and provide fond family memories that will last a lifetime!

Sincerely,

Bo Barker  
(305) 619-9966



To:

From: Arlene Martin

11/5/2014 2:16:18 PM (Page 2 of 3)



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 11/05/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	<table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, H/B, Ext):</b></td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL:</b></td> </tr> <tr> <td colspan="2"><b>ADDRESS:</b></td> </tr> <tr> <td colspan="2"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A: T.H.E. Insurance Company</b></td> <td><b>NAIC # 12866</b></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, H/B, Ext):</b>	<b>FAX (A/C, No):</b>	<b>E-MAIL:</b>		<b>ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A: T.H.E. Insurance Company</b>	<b>NAIC # 12866</b>	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>																							
<b>INSURED</b> Moegerle Shows LLC; Moegerle's Transport, Inc. PO Box 310 Gibsonton, FL 33534																							

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (E & occurrences) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (E & accidents) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE CED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC144446	04/01/2014	04/01/2015	WC STATUS: <input type="checkbox"/> TOBY LIMIT <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYED \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EFFECTIVE FROM 12-01-14 THROUGH 01-07-15 (INCLUDES SET UP AND TEAR DOWN)

ADDITIONAL INSURED: CITY OF NORTH MIAMI

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY

<b>CERTIFICATE HOLDER</b> CITY OF NORTH MIAMI 776 NORTHEAST 125TH ST NORTH MIAMI, FL 33161	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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PRODUCER **Allied Specialty Insurance, Inc.**  
 10451 Gulf Boulevard  
 Treasure Island, FL 33706-4814  
 1-800-237-3355

**CONTACT**

NAME:

PHONE (A/C, No, Ext):

FAX

(A/C, No):

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

 INSURER A: **T.H.E. Insurance Company**

12886

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Megerle Shows LLC; Moegerle's Transport, Inc.**  
 PO Box 310  
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INSR LTR	TYPE OF INSURANCE	ADDRESS (INSR / W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0103765-01	04/01/2014	04/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> H-RED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0103765-01	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		ELP0011466-01	04/01/2014	04/01/2015	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			W/C STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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CITY OF NORTH MIAMI  
 776 NORTHEAST 126TH ST  
 NORTH MIAMI, FL 33161

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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